

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | APD | | 8/31/01 |
| O.I.P.E. CLASSIFIER | ... | | 8/30 |
| FORMALITY REVIEW | FIP | 1027 | 09/12/01 |
| RESPONSE FORMALITY REVIEW | AT | 1071 | 03/15/02 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
|-------|----------|
| Final | Original |
| 1 | 07/02 |
| 2 ✓ | |
| 3 ✓ | |
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| Claim | Date |
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| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here